

Exhibit O

FAX COVER SHEET (This page should be returned to us with your **completed** financial analysis form)
****PLEASE INCLUDE THE ACCOUNT NUMBER ON EVERY PAGE OF YOUR RETURNED PACKAGE****

To: Loss Mitigation	Account Number(s) 9299
From: Rocio + Julio Pizarro	
Fax to: 1-866-709-4744	or mail to: Loss Mitigation 233 Gibraltar Road Suite 600 Horsham PA 19044

All of the following information must be completed and returned to determine eligibility:

- Financial Analysis Form (Enclosed)
- A copy of the most recently filed signed federal income tax return, including all schedules and forms, for each borrower
- A signed and dated copy of IRS Form 4506T-EZ (Request for Transcript of Tax Return) with all applicable fields completed for each borrower – (Borrowers who filed their tax returns jointly may send in one IRS Form 4506T-EZ signed and dated by both the joint filers.) (Enclosed)
- Documentation to verify all of the income of each borrower. Please see the chart below for the type of documentation required for each type of income.
- Documentation to verify expenses for Homeowners or Condominium Association Dues for condominiums and Co Ops. Please see the chart below.

TYPE OF INCOME	DOCUMENTATION REQUIRED
For each borrower who is paid by an employer:	<input type="checkbox"/> Copy of the two most-recent pay stubs from your employer including year-to-date information . Pay stubs or other documentation that shows year-to-date income must be submitted. Pay stubs cannot be more than 90 days old. If hired within the fiscal year of 2009, please include your employment start date.
Other earned income (e.g. bonus, commission, fee, housing allowance, tips, and/or overtime)	<input type="checkbox"/> Copy of third party documentation describing the nature of the income (e.g. an employment contract and/or printouts documenting tip income)
For each borrower who is self-employed:	<input type="checkbox"/> Copy of the most recent quarterly or year-to-date profit and loss statement
For each borrower who has benefit income such as Social Security, disability, death benefits, or pension:	<input type="checkbox"/> Copy of benefits statement or letter from the provider that states the amount and frequency of the benefit, AND <input type="checkbox"/> Copies of the two most-recent bank statements or other documentation showing receipt of benefit income. Bank statements cannot be over 90 days old.
For each borrower who has income such as unemployment or public assistance:	<input type="checkbox"/> Copy of benefits statement or letter from the provider that states the amount, frequency, and duration of the benefit. Such benefit must continue for at least 9 months to be considered qualifying income. <input type="checkbox"/> Copies of the two most-recent bank statements or other documentation showing receipt of benefit income. Bank statements cannot be over 90 days old.
For each borrower who is relying on alimony or child support as qualifying income:	<input type="checkbox"/> Copy of divorce decree, separation agreement, or other legal written agreement filed with the court that shows the amount of the award and period of time over which it will be received, AND <input type="checkbox"/> Copies of the two most-recent bank statements or other documentation showing receipt of alimony or child support. Bank statements cannot be over 90 days old.
For each borrower who has rental income from an investment property:	<input type="checkbox"/> Copy of the most-recent federal tax return with all schedules, including Schedule E-Supplemental Income and Loss. If the subject property, on which the modification is being requested, is not your primary residence, please include the following: <input type="checkbox"/> Copy of the current lease agreement for this property
For each borrower who has income not specified above:	<input type="checkbox"/> Signed letter from the person(s) that contributes the income showing the amount and frequency of the income. This would include situations where the borrower rents a room of his or her primary residence to another person.

TYPE OF EXPENSE	DOCUMENTATION REQUIRED
For borrower(s) whose property requires Homeowners or Condominium Dues:	<input type="checkbox"/> A letter or billing statement from the Homeowners or Condominium Association or Co Op showing the amount and frequency of dues.

If you want to sell this property, please also include:

- ☐ Copy of the listing agreement
- ☐ Copy of the sales contract, if available
- ☐ Copy of the estimated Settlement Statement (HUD1), if available
- ☐ Signed Third Party Authorization Form

FINANCIAL ANALYSIS FORM

Account Number

9299

I want to: <input checked="" type="checkbox"/> Keep the Property <input type="checkbox"/> Sell the Property																					
The property is my: <input checked="" type="checkbox"/> Primary Residence <input type="checkbox"/> Second Home <input type="checkbox"/> Investment																					
The property is: <input checked="" type="checkbox"/> Owner Occupied <input type="checkbox"/> Renter occupied <input type="checkbox"/> Vacant																					
BORROWER																					
BORROWER'S NAME Rocio RICHARDO																					
CO-BORROWER																					
CO-BORROWER'S NAME JULIO C RICHARDO																					
PROPERTY NUMBER 4304 DATE [REDACTED]																					
HOME PHONE NUMBER WITH AREA CODE 714 447-4207																					
CELL OR WORK NUMBER WITH AREA CODE																					
MAILING ADDRESS 1201 E. SUDENE AVE Fullerton CA 92831																					
PROPERTY ADDRESS (IF SAME AS MAILING ADDRESS, JUST WRITE SAME) SAME EMAIL ADDRESS																					
Is the property listed for sale? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																					
Have you received an offer on the property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																					
Date of offer Amount of Offer \$																					
Agent's Name:																					
Agent's Phone Number:																					
For Sale by Owner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																					
Have you contacted a credit-counseling agency for help? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																					
If yes, please complete counselor contact information below.																					
Counselor's Name: AT Hope																					
Counselor's Phone Number:																					
Counselor's Email:																					
Who pays the Real Estate Tax bill on your property? <input type="checkbox"/> I do <input checked="" type="checkbox"/> Lender does																					
Are the taxes current? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																					
Condominium or HOA Fee <input type="checkbox"/> Yes <input type="checkbox"/> No \$																					
Paid to:																					
Who pays the hazard insurance policy for your property? <input type="checkbox"/> I do <input checked="" type="checkbox"/> Lender Does <input type="checkbox"/> Paid by Condo or HOA																					
Is the policy current? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																					
Name of Insurance Co. Farmers																					
Insurance Co. Tel #: 714																					
Have you filed for bankruptcy? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes: <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 13 Filing Date:																					
Has your bankruptcy been discharged? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Bankruptcy case number																					
If there are additional Liens/Mortgages or Judgments on this property, please name the person(s), company or firm and their telephone numbers.																					
<table border="1"><thead><tr><th>Lien Holder's Name/Service</th><th>Balance</th><th>Term</th><th>Contact Number</th><th>Loan Number</th></tr></thead><tbody><tr><td>Bank of America</td><td>\$24,000.00</td><td>AT 1990</td><td>714 525-7621</td><td></td></tr><tr><td>WELLS FARGO</td><td>\$24,000.00</td><td>" " " "</td><td></td><td></td></tr><tr><td>WELLS FARGO</td><td>\$24,000.00</td><td>" " " "</td><td></td><td></td></tr></tbody></table>		Lien Holder's Name/Service	Balance	Term	Contact Number	Loan Number	Bank of America	\$24,000.00	AT 1990	714 525-7621		WELLS FARGO	\$24,000.00	" " " "			WELLS FARGO	\$24,000.00	" " " "		
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HARDSHIP AFFIDAVIT																					
I am having difficulty making my monthly payment because of financial difficulties created by (Please check all that apply):																					
<input checked="" type="checkbox"/> My household income has been reduced or lost. For example: unemployment, underemployment, reduced pay or hours, decline in business earnings, death in family, serious or chronic illness, permanent or short-term disability, incarceration, increased family responsibilities (adoption or birth of a child, taking care of elderly relatives or other family members) or divorce of a borrower or co-borrower.	<input checked="" type="checkbox"/> My monthly debt payments are excessive and I am overextended with my creditors. Debt includes credit cards, home equity or other debt.																				
<input checked="" type="checkbox"/> My expenses have increased. For example: monthly mortgage payment has increased or will increase, high medical or health care costs, uninsured losses (such as those due to fires or natural disasters), increased property taxes, or unexpectedly high utilities.	<input checked="" type="checkbox"/> My cash reserves, including all liquid assets, are insufficient to maintain my current mortgage payment and cover basic living expenses at the same time. Cash reserves include assets such as cash, savings, money market funds, marketable stocks or bonds (excluding retirement accounts). Cash reserves do not include assets that serve as an emergency fund (generally equal to three times my monthly debt payments).																				
<input type="checkbox"/> Other																					
Explanation (Required): HARDSHIP letter enclosed PLEASE SEE DOCUMENTATION ENCLOSED SHOWING DEBT + BILLS PAST DUE HELPERS HAVE RECEIVED + UNRECORDED DOCUMENTS PLEASE DO NOT CAUSE ACCUMULATION THANK YOU Julio R. Rocio																					
If additional space is needed for Explanation, please include an additional page.																					

FINANCIAL ANALYSIS FORM

(Continued)

Account Number

9299

INCOME/EXPENSES FOR HOUSEHOLD 4 NUMBER OF PEOPLE IN HOUSEHOLD

1 - Monthly Household Income		2 - Monthly Household Expenses/Debt		3 - Household Assets	
Gross Salary/Wages		First Mortgage Payment	\$ 656.53	Checking Account(s) Balance	\$ 15.00
Gross salary/wages = total monthly income before any tax withholding or employer deductions.	\$	Second Mortgage Payment/Liens/Rent (SEE LEASE)	\$ 400.00	Checking Account(s) Balance	\$
Overtime	\$	Insurance - hazard, wind, flood, etc (If not escrowed and included in your current mortgage payment)	\$	Savings/Money Market	\$
Child Support/Alimony*	\$	Property Taxes (If not escrowed and included in your current mortgage payment)	\$	CDs	\$
Social Security/SSDI	\$ 934.00	Credit Cards/Installment Loan(s) (total minimum payment per month)	\$ 100.00	Stocks/Bonds	\$
Other monthly income from pensions, annuities or retirement plans	\$	Alimony, child support payments	\$	Other Cash on Hand	\$
Tips, commissions, bonus and self-employed income	\$	Health Insurance	\$	Other Real Estate (estimated value)	\$
Rents Received	\$	HOA/Condo Fees/Property Maintenance	\$	Other	\$
Unemployment Income	\$	Car Payments	\$ 100.00		
Food Stamps/Welfare	\$	Medical Expenses	\$		
Other (investment income, royalties, interest, dividends etc)	\$	Child Care	\$		
		Student Loans/Personal Loans	\$		
		Auto Expenses /Gasoline/Insurance	\$ 140.00		
		Food/Household Supplies	\$ 80.00		
		Water/Sewer/Utilities/Phone(s)/Cable	\$ 640.00		
		Other	\$		
Total (Gross income)	\$ 1,400.00	Total Debt/Expenses	\$ 1,716.53	Total Assets	\$ 15.00

*Include combined income and expenses from the borrower and co-borrower (if any). If you include income and expenses from a household member who is not a borrower, please specify using a separate page if necessary. You are not required to disclose Child Support, Alimony or Separation Maintenance income, unless you choose to have it considered by your servicer.

If additional space is needed, please include an additional page.

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the federal government in order to monitor compliance with federal statutes that prohibit discrimination in housing. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender or servicer may not discriminate either on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, the lender or servicer is required to note the information on the basis of visual observation or surname if you have made this request for a loan modification in person. If you do not wish to furnish the information, please check the box below.

BORROWER	<input type="checkbox"/> I do not wish to furnish this information	CO-BORROWER	<input type="checkbox"/> I do not wish to furnish this information
Ethnicity:	<input checked="" type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity:	<input checked="" type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race:	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Race:	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Sex:	<input checked="" type="checkbox"/> Female <input type="checkbox"/> Male	Sex:	<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male

To be Completed by Interviewer

This application was taken by:	Interviewer's Name (print or type) & ID Number	Name/Address of Interviewer's Employer
<input type="checkbox"/> Face-to-face interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Internet	Interviewer's Signature Date Interviewer's Phone Number (include area code)	

Form 4506T-EZ (October 2008) Department of the Treasury Internal Revenue Service	Short Form Request for Individual Tax Return Transcript Request may not be processed if the form is incomplete or illegible.	OMB No. 1545-2154
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Tip: Use Form 4506T-EZ to order a 1040 series tax return transcript free of charge.

1a Name shown on tax return. If a joint return, enter the name shown first. <i>JULIO C RICHARDO</i>	1b First social security number on tax return <i>[REDACTED] 7374</i>		
2a If a joint return, enter spouse's name shown on tax return. <i>ROCIO RICHARDO</i>	2b Second social security number if joint tax return <i>[REDACTED] 4304</i>		
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code <i>1701 E. SUDENE AVE FULLERTON CA 92831</i>			
4 Previous address shown on the last return filed if different from line 3 			
5 If the transcript is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information. <table border="1"><tr><td>Third party name <i>LOSS MITIGATION (CMAC)</i></td><td>Telephone number</td></tr></table>		Third party name <i>LOSS MITIGATION (CMAC)</i>	Telephone number
Third party name <i>LOSS MITIGATION (CMAC)</i>	Telephone number		
Address (including apt., room, or suite no.), city, state, and ZIP code <i>233 GIBRALTAR RD SUITE 600 HORSHAM PA 19044</i>			
6 Year(s) requested. Enter the year(s) of the return transcript you are requesting (for example, "2008"). Most requests will be processed within 10 business days. 			

Caution. If the transcript is being mailed to a third party, ensure that you have filled in line 6 before signing. Sign and date the form once you have filled in line 6. Completing these steps helps to protect your privacy.

Note. If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the return has not been filed, the IRS may notify you or the third party that it was unable to locate a return, or that a return was not filed, whichever is applicable.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a. If the request applies to a joint return, either husband or wife must sign.

Note. This form must be received within 90 days of signature date.

Sign Here	<i>Julio Ricardo</i> Signature (see instructions)	Date <i>3/26/10</i>	Telephone number of taxpayer on line 1a or 2a <i>714 447-4207</i>
	<i>Rocio Ricardo</i> Spouse's signature	Date <i>3/26/10</i>	

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 541855

Form 4506T-EZ (10-2009)

THIRD PARTY AUTHORIZATION and AGREEMENT TO RELEASE

(Please complete and return if you ONLY want us to speak with your Real Estate Agent, or any other designated third party on your behalf.)

Account Number: 9299 Name: _____
Property Address: 1201 E. SUDENE AVE FULLERTON CA 92831

STOP

Before you sign this authorization, please be aware that...

- There is never a fee to get assistance or information about the Making Home Affordable program from your lender or a HUD-approved housing counselor.
- Beware of any person or organization that asks you to pay a fee in exchange for housing counseling services or modification of a delinquent loan.
- Beware of anyone who says they can "save" your home if you sign or transfer over the deed to your house.
- Do not sign over the deed to your property to any organization or individual unless you are working directly with your mortgage company to forgive your debt.
- ONLY use HUD certified counseling agencies: Call 1.800.CALL.FHA to find a HUD-certified housing counseling agency.
- Never make your mortgage payments to anyone other than your mortgage company without their approval.

I/we do hereby authorize (my lender/mortgage servicer) to release or otherwise provide to:

_____ of _____ in his/her capacity as
Name Company Name
Relationship (if applicable) Phone Number

public and non-public personal financial information contained in my loan account which may include, but is not limited to, loan balances, final payoff statement, loan payment history, payment activity, and/or property information.

We, the lender/mortgage servicer, will take reasonable steps to verify the identity of the 3rd party authorized above, but will have no responsibility or liability to verify the true identity of the requestor when he/she asks to discuss my account or seeks information about my account. Nor shall we, the lender/mortgage servicer, have any responsibility or liability for what the requestor may do with the information he/she obtains concerning my account.

I/we do hereby indemnify and forever hold harmless the lender/mortgage servicer, from all actions and causes of actions, suits, claims, attorney fees, or demands against the lender/servicer which I/we and/or my heirs may have resulting from the lender/mortgage servicer discussing my loan account and/or providing any information concerning the loan account to the above named requestor or person identifying themselves to be that requestor

If you agree to this Authorization and the terms of the Release as stated above, please sign, date, and return with the Financial Analysis form

NOTE: No information concerning your account will be provided until we have received this executed document. The authorization needs to be in the name of an individual (not a company) and a form needs to be completed for each authorized individual. All parties on the Mortgage must sign.

Rocio Ricardo
Borrower Printed Name
Julio Ricardo
Co-Borrower Printed Name

Rocio Ricardo
Borrower Signature
Julio Ricardo
Co-Borrower Signature

3/26/10
Date
3/26/10
Date

SIGN HERE

ACKNOWLEDGEMENT AND AGREEMENT

Account Number [REDACTED] 92 99

In making this request for consideration to review my loan terms I/We certify under penalty of perjury:

- 1 That all of the information in this document is truthful and the event(s) identified is/are the reason that I/we need to request a modification of the terms of my/our mortgage loan, short sale or deed-in-lieu of foreclosure.
- 2 I/we understand that the Servicer, the U.S. Department of the Treasury, or its agents may investigate the accuracy of my/our statements and/or may require me/us to provide supporting documentation. I/we also understand that knowingly submitting false information may violate Federal law.
- 3 I/we understand the Servicer will pull a current credit report on all borrowers obligated on the Note.
- 4 I/we understand that if I/we have intentionally defaulted on my/our existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this document, the Servicer may cancel any Agreement under Making Home Affordable and may pursue foreclosure on my/our home.
- 5 I/we understand any fee to validate the value of the property will be assessed to the account.
- 6 I/we have not received a condemnation notice; and there has been no change in the ownership of the Property since I/we signed the documents for the mortgage that I/we want to modify.
- 7 I/we certify that I/we will obtain credit counseling if it is determined that my/our financial hardship is related to excessive debt. For purposes of the Making Home Affordable program, "excessive debt" means that my/our debt-to-income ratio after the modification would be greater than or equal to 55%.
- 8 I/we am willing to provide all requested documents and to respond to all Servicer questions in a timely manner.
- 9 I/we understand that the Servicer will use the information in this document to evaluate my/our eligibility for a loan modification or short sale or deed-in-lieu of foreclosure, but the Servicer is not obligated to offer me/us assistance based solely on the statements in this document.
- 10 I/we agree that any prior waiver as to payment of escrow items in connection with my/our loan has been revoked.
- 11 I/we agree to the establishment of an escrow account and the payment of escrow items if an escrow account never existed on the loan.
- 12 I/we understand that the Servicer will collect and record personal information, including, but not limited to, my/our name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, and information about account balances and activity. I/we understand and consent to the disclosure of my/our personal information and the terms of any Making Home Affordable Agreement by Servicer to (a) the U.S. Department of the Treasury, (b) Fannie Mae and Freddie Mac in connection with their responsibilities under the Homeowner Affordability and Stability Plan; (c) any investor, insurer, guarantor or servicer that owns, insures, guarantees or services my/our first lien or subordinate lien (if applicable) mortgage loan(s); (d) companies that perform support services in conjunction with Making Home Affordable; and (e) any HUD certified housing counselor.
- 13 ☒ My/Our property is owner occupied; I/we intend to reside in this property for the next twelve months.
☐ My/Our property is not owner occupied.

Julio Richards
Borrower Signature

Date

Rocio Richards
Co-Borrower Signature

7/26/10
Date

If you have questions about this document or the modification process, please call us at the phone number listed on your monthly account statement. If you need further counseling, you can call the Homeowner's HOPE™ Hotline at 1-888-995-HOPE (4673). The Hotline can help with questions about the program and offers free HUD-certified counseling services in English and Spanish.

888-995-HOPE

Homeowner's HOPE™ Hotline

NOTICE TO BORROWERS

Be advised that you are signing the following documents under penalty of perjury. Any misstatement of material fact made in the completion of these documents including but not limited to misstatement regarding your occupancy in your home, hardship circumstances, and/or income will subject you to potential criminal investigation and prosecution for the following crimes: perjury, false statements, mail fraud, and wire fraud. The information contained in these documents is subject to examination and verification. Any potential misrepresentation will be referred to the appropriate law enforcement authority for investigation and prosecution.

By signing the enclosed documents you certify, represent and agree that:

"Under penalty of perjury, all documents and information I have provided to Lender in connection with this Agreement, including the documents and information regarding my eligibility for the program, are true and correct."

If you are aware of fraud, waste, abuse, mismanagement or misrepresentations affiliated with the Troubled Asset Relief Program, please contact the SIGTARP Hotline by calling 1-877-SIG-2009 (toll-free), 202-622-4558 (fax), or www.sigtar.gov. Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.



LOSS MITIGATION LOAN MODIFICATION
233 GIBRALTAR ROAD SUITE 600
HORSHAM PA, 19044

03/26/10

TO: LOSS MITIGATION - LOAN MODIFICATION
FROM: JULIO & ROCIO PICHARDO
RE: REQUEST FOR PRINCIPAL REDUCTION OR CANCELLATION.
-- HARDSHIP- LETTER.

**PLEASE MAKE AN ANALYSIS OF ENCLOSED FINANCIAL DOCUMENTATION,
IN ORDER TO ALLOW US PARTICIPATION OF LOAN REDUCTION PROGRAM AND
OR CANCELLATION OF DEFERRED PRINCIPAL.**

**AS SUCH WE ARE BARELY ABLE TO MAKE PRESENT MORTGAGE PAYMENT,
LEAVING US WITH MONTHS OF UNPAID UTILITIES.
NOT INCLUDING ESCROW ANALYSIS DATED 03/05/10 WHICH RAISES MONTHLY
PAYMENT TO \$656.53.**

WE ASK DEFERRED AMOUNT REDUCTION TO PRINCIPAL PRESENTLY BEING PAID.

**WE HAVE BEEN ADVISED THAT THE PRESIDENT HAS MADE IT POSSIBLE FOR
US TO OBTAIN ASSISTANCE ON REDUCTION OF PRINCIPAL & CANCELLATION.**

**THIS WAS POSSIBLE AT THE TIME OF SUBMISSION OF MODIFICATION REQUEST
LAST YEAR. WHICH WAS NEVER CONSIDERED.**

**AS PER ENCLOSED LETTER TO LOSS MITIGATION DATED 06/23/09.
I ADVISED THE LOAN PROCESSOR THAT EXISTING DEBT PREDATES GMAC LOAN
AND ABSORBS EQUITY OF THIS HOME IN IT'S ENTIRITY, LEAVING A NEGATIVE NOW
OF \$130,000.00 DOLLARS. A 9% INTEREST FROM DATE OF ISSUANCE WHICH HAS NOT
BEEN APPLIED. SHOULD SUCH BE APPLIED AT 9% INTEREST ON \$85,000.00 FOR 15
YEARS, IT WOULD AMOUNT IN THE \$200,000.00 DOLLARS RANGE.**

**AGAIN, THESE WERE MADE AVAILABLE TO GMAC FOR MODIFICATION MORE THAN A
YEAR AGO, WITH A REQUEST TO CANCEL DEFERRED AMOUNT.**

**AGAIN I ASK THESE NOT BE CAUSED TO BE CALLED AS WE WOULD BE PUT OUT OF
THE HOUSE. PLEASE DO NOT CAUSE ACCELERATION OF DEBTS**

**ALL THIS DOCUMENTATION WAS MADE AVAILABLE TO GMAC UPON INITIAL REQUEST
FOR MODIFICATION ON FEB 2009.**

**PLEASE IMPLEMENT SUCH IMMEDIATELY DUE TO SEVERITY OF OUR LIMITATIONS.
WE THANK YOU FOR YOUR PATIENCE.**

JULIO & ROCIO PICHARDO.

FROM : JULIO PICHARDO

FAX NO. : 714 447 4207

Mar. 29 2010 11:01PM P9

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2009		• PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME. • SEE THE REVERSE FOR MORE INFORMATION.	
Box 1. Name ROCIO PICHARDO		Box 2. Beneficiary's Social Security Number [REDACTED] 4304	
Box 3. Benefits Paid In 2009 \$2,796.00	Box 4. Benefits Repaid to SSA in 2009 NONE	Box 5. Net Benefits for 2009 (Box 3 minus Box 4) \$2,796.00	
DESCRIPTION OF AMOUNT IN BOX 3 Paid by check or direct deposit \$2,796.00 Benefits for 2009 \$2,796.00		DESCRIPTION OF AMOUNT IN BOX 4 NONE	
		Box 6. Voluntary Federal Income Tax Withheld NONE	
		Box 7. Address ROCIO PICHARDO 1201 E SUDENE AVE	

C1031874-1A1031862